



Notice

DISPOSAL OF FINANCIAL INTEREST IN A PHARMACY

To be completed by a pharmacist who is disposing of his/her financial interest in a pharmacy.

The Notice must be lodged **within 14 days** of selling/transferring the interest to a sole pharmacist, pharmacist in a partnership of pharmacists or shareholder/director of a Pharmacists' Body Corporate or if the pharmacy is in receivership. Fines apply for failure to notify the Pharmacy Council of New South Wales within the required timeframe.

This notice should be completed with reference to **'The Guide'**, the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation').

A 'Notice of Closure of Pharmacy' is to be lodged if the Pharmacy has closed.

It is the responsibility of the purchaser/s of the interest to submit an 'application for Change of Ownership' at least 14 days before the interest is acquired. Refer to 'The Guide' for more details.

PHARMACY DETAILS

Pharmacy Name _____

Pharmacy Registration No PC _____
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Street Address _____

_____ Postcode _____

CONTACT FOR THIS NOTICE

Name _____

Email _____ Tel _____

VENDOR/S DISPOSING OF AN INTEREST

All vendors who have disposed of a financial interest in the pharmacy must complete details and sign. The signatures below are a declaration by the pharmacist(s) that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Pharmacist 1:

Full Name _____ PHA _____

Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____
(If disposing of an interest in more than one Pharmacist Body Corporate in relation to this pharmacy, please add details)

Signature _____ Date _____

Pharmacist 2:

Full Name _____ PHA _____

Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____
(If disposing of an interest in more than one Pharmacist Body Corporate in relation to this pharmacy, please add details)

Signature _____ Date _____

Pharmacist 3:

Full Name _____ PHA _____

Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____
(If disposing of an interest in more than one Pharmacist Body Corporate in relation to this pharmacy, please add details)

Signature _____ Date _____

Pharmacist 4:
Full Name _____ PHA _____

Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____
(If disposing of an interest in more than one Pharmacist Body Corporate in relation to this pharmacy, please add details)

Signature _____ Date _____

Pharmacist 5:
Full Name _____ PHA _____

Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____
(If disposing of an interest in more than one Pharmacist Body Corporate in relation to this pharmacy, please add details)

Signature _____ Date _____

Pharmacist 6:
Full Name _____ PHA _____

Nature of disposed Interest: Sole pharmacist owner
 Partner a pharmacists' partnership
 Shareholder and/or director of a Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____
(If disposing of an interest in more than one Pharmacist Body Corporate in relation to this pharmacy, please add details)

Signature _____ Date _____

*If more than six partners/members of a Pharmacists' Body Corporate disposing of an interest, please attach a separate schedule.

DECLARATION BY REMAINING PARTNERS / PHARMACISTS' BODY CORPORATE MEMBERS

All remaining partners/ Pharmacists' Body Corporate members with a continuing financial interest in the pharmacy must sign. The signatures below are a declaration by the pharmacist(s) that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Pharmacist 1: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 2: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 3: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 4: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 5: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate

Full Name _____ PHA _____

Signature _____ Date _____

Pharmacist 6: Remaining Partner Director and/or shareholder Pharmacists' Body Corporate

Full Name _____ PHA _____

Signature _____ Date _____